

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/17/960

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2			1				52						
3				1			53						
4				1			54						
5				1			55						
6				1			56						
7				1			57						
8			1				58						
9				1			59						
10				1			60						
11				2			61						
12				1			62						
13			1				63						
14			1				64						
15			1				65						
16				1			66						
17				1			67						
18			1				68						
19			1				69						
20			1				70						
21							71						
22							72						
23							73						
24							74						
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27							77						
28							78						
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35							85						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			9				TOTAL IND.						
TOTAL DEP.			12				TOTAL DEP.						
TOTAL CLAIMS			21				TOTAL CLAIMS						